

## **Healthy Lives, Healthy People: Towards a workforce strategy for the public health system**

### **Consultation response from the Chartered Institute of Library and Information Professionals (CILIP)**

#### **Introduction**

CILIP<sup>1</sup> welcomes the opportunity to comment on the proposals in the consultation document *Healthy Lives, Healthy People: Towards a workforce strategy for the public health system*. This response has been produced in collaboration with our Health Libraries Group<sup>2</sup>. We respond to selected questions within the consultation document below, but open by considering support for evidence-based practice in public health.

The first of the elements in the ‘vision for the public health workforce’ is that the public health workforce will be known for its expertise as ‘public health staff, whatever their background and wherever they work, will be well-trained and expert in their field, committed to developing and maintaining that expertise and using an evidence-based approach to practice’ (p. 9; Box 1). We welcome this emphasis on evidence-based practice. This reflects the emphasis within the public health outcomes framework, *Improving outcomes and improving transparency*, on the use of evidence to appraise appropriate interventions (Part 1: A public health outcomes framework for England, 2012-16, Appendix B). But our reading of the *Healthy Lives, Healthy People* consultation on the public

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<sup>1</sup> The Chartered Institute of Library and Information Professionals (CILIP) is established by Royal Charter and is the professional body for library and information professionals in the United Kingdom. It has around 16,000 members working in all parts of the UK economy including the healthcare sector.

<sup>2</sup> The Health Libraries Group of CILIP is a UK based network of individuals working in or professionally interested in health and social care information. It has a diverse and active membership covering all health and social sectors, and geographical areas in the UK. Members work for the health service, the academic sector, the independent sector, government departments, professional associations, charities and public libraries.

health workforce does not fully demonstrate how evidence-based practice will be supported and maintained.

We propose that knowledge and information professionals have an important role to play in supporting evidence-based practice in public health. The public health evidence base is not restricted to data generated within the NHS or public health agencies, but consists also of evidence from outside the confines of the NHS and across the world on the impact of public health interventions. This external evidence is found in published materials – journal articles, monographs and databases – and in semi-published material (often referred to as “grey literature”). In order to be accessible, this evidence on the impact of interventions needs to be managed as rigorously as data to describe the populations in which public health interventions are to take place.

As outlined in our responses to the specific consultation questions below, knowledge and information professionals fulfil different roles in the public health workforce as defined in the consultation document (pp. 14-15). At the ‘specialist public health practitioner’ level, there are specialist public health knowledge and information professionals. Although specific duties vary, the type of support provided by specialist public health knowledge and information professionals includes:

- Searching for and summarising evidence – an important skill as there are fewer systematic reviews than in medicine and evidence will be complex and patchy. This work often complements and informs the analytical work undertaken by others and so contributes to health intelligence
- Current Awareness and alerting services
- Management of e-resources and facilitated access to e-content in Specialist Collections of relevance and interest to public health staff
- Managing website content and using specialist skills to describe and tag resources
- Ensuring the right information reaches the right people at the right time
- Information skills training
- Advising on intellectual property and licensing issues

Whilst the consultation document does not refer explicitly to the roles played by knowledge and information professionals within public health, we suggest that this group should be acknowledged for its role in enabling evidence-based public health. Other information professionals within the NHS, Higher Education, the voluntary sector and those working in many other sectors, including public libraries, also have roles to play. Some support public health directly by providing a research resource for practitioners and enabling effective continuing professional development; others support students of public health or broader medical and healthcare disciplines – or, as in the case of public libraries, they help promote public health amongst the public.

## **Responses to selected consultation questions**

**Question 1 (Para 1.7): Do you agree that a public health workforce strategy should be reviewed regularly? If so, should this be every three years or every five years?**

We take the view that the overarching public health workforce strategy, and the types of roles in public health it sets out, should not be changed too frequently. It is the nature of public health impacts that they emerge over longer timeframes and the implications of changes to the public health workforce may not be apparent in the short term. Also the importance of building and sustaining access to the knowledge base, which informs good practice in addressing the complex issues relevant to improving health at a population level, will remain constant.

However whilst the overarching public health strategy should remain in place over a more prolonged period, specific objectives will need more regular attention. This will include the nature of the skills needed by the workforce. We suggest that some of the information-related competencies, notably digital literacy, need to be reviewed more frequently than the main strategy and that every three years would be sufficiently frequent for the review of competencies.

**Question 2 (Para 2.5): Are these four groups [public health consultants; specialist public health practitioners; practitioners with some public health component to their work; wider workforce] a useful way of describing the public health workforces?**

We welcome the description of the public health workforce as having four levels. We suggest, as outlined in Figure 1, that knowledge and information specialists can be incorporated into three of the four levels, from specialist public health knowledge and information workers as 'specialist public health practitioners' to public librarians in the 'wider workforce'.

<b>Group</b>	<b>Example job functions</b>
Public health consultants and those training to be consultants	[no information-specific roles]
Specialist public health practitioners	Specialist public health knowledge and information professionals [expansion from the current 'health intelligence and information/analytical support' category]
Practitioners with some public health component to their work	NHS librarians; NHS knowledge and information professionals;

	Information and health promotion specialists in voluntary organisations Some Higher Education Librarians with a healthcare specialism Information specialists in major research organisations with a healthcare footprint (eg Wellcome Trust)
Wider workforce	Public librarians School Librarians Prison Librarians Further & Higher Education Librarians Workplace information specialists (in a wide variety of organisations across the private, public and third sector)

Whilst we appreciate that it would not be possible to list all the possible professionals who contribute to the wider workforce, we suggest that the breadth of potential input by knowledge and information professionals, including librarians, should be recognised. We suggest that there are five main ways in which knowledge and information professionals contribute to public health:

- **Access to current evidence:** there is a network of specialist health libraries within NHS organisations and other institutions involved in training clinicians, such as university libraries and postgraduate medical centres. We propose that this network should be recognised as a resource to public health, providing access to current, appraised evidence sources.
- **Support for research:** public health knowledge and information specialists undertake desk research on behalf of senior public health practitioners and use published evidence to contribute to understanding of health intelligence drawn from population-based data. Library and Information specialists within the NHS, Higher Education, expert health charities and major research institutions also support research commissioned by those within public health or other research of relevance to the sector.
- **Support for Continuing Professional Development:** NHS librarians and public health knowledge and information specialists contribute to the Continuing Professional Development of public health practitioners by helping them to keep up to date with current practice in other parts of the world. They provide access to online learning resources and information on CPD opportunities available, often in attractive learning environments.
- **Developing information skills:** Knowledge and information specialists help to develop information skills at a range of levels, from the critical appraisal skills of public health specialists to information literacy of members of the public accessing information sources.

- **Access to information on healthy living:** health information specialists within the voluntary sector, such as the British Heart Foundation and Cancer Research UK, produce and provide information to support healthy living. Similarly, public library staff help people to improve their health through providing schemes such as Books on Prescription (see response to Question 7 below) and health is amongst the most frequently-requested topics in public library enquiries and literature requests. Library and information staff within schools, further and higher education, prisons and workplaces are also in a position to promote access to information on healthy living.

**Question 4 (Para 3.7): Would these values, combined with the features of public health in Box 2, serve to bind together dispersed public health workforces?**

We agree that values are important in binding a community together. Those suggested are a good start but perhaps too narrowly drawn. It would be an important community building exercise to explore more fully what the core values might be. In addition to those cited there are numerous sources for this including the NHS constitution and the Nolan Principles. We would suggest that a major driving force should be evidence-based practice to ensure the best possible outcomes of public health interventions and that the behaviours of the broader public health workforce should reflect a commitment to understanding and utilising the available evidence. This sits comfortably within “The features of contemporary public health” as set out in Box 2.

We would also commend that any such exercise explored the various ethical codes of the disciplines included within public health. CILIP, for instance has a set of Ethical Principles and a Code of Professional Conduct<sup>3</sup>. These might be incorporated within a value that encouraged professionalism amongst all the public health workforce (and that concept is included in Box 1 of the consultation document where another set of values relating to the vision of a public health service are set out).

**Question 6 (Para 3.25): Are there workforce challenges and opportunities we have not identified? What support could be put in place to meet these challenges?**

From a knowledge and information perspective, there are challenges and opportunities in relation to accessing the evidence base and ensuring the transfer of knowledge. Section 3.19 mentions the importance of the skills base for ‘health

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<sup>3</sup> For CILIP’s Ethical Principles and Code of Professional Conduct for Library & Information Professionals see: <http://www.cilip.org.uk/get-involved/policy/ethics/Pages/default.aspx>

information, intelligence and analysis'. Information to support decisions about population health refers not only to data on population trends, but to the published evidence base and to materials that help members of the public to put health promotion into practice. We suggest that health libraries in the NHS and associated institutions present an opportunity to improve access to published evidence and the skills to appraise evidence. Information specialists in the voluntary sector provide information services and resources to both clinicians and the public that raise awareness of healthy living and, in some instances, will support public health research projects. The wider knowledge and information workforce, notably public librarians, also provide information on healthy living to the general public and help members of the public to develop their information literacy and health literacy skills.

With significant changes across the statutory sector, there are challenges in maintaining the knowledge base for public health. We welcome the creation of the Knowledge Management Strategy Transition Team to consider the continuity of knowledge within the new structure. There is a risk that populations will be poorly served if the evidence base is not maintained and inappropriate choices are made about the public health interventions to use.

We propose that leadership is needed from Public Health England to look at knowledge management across the public health sector. This will include encouraging Health and Wellbeing Boards in planning for the knowledge and information aspects of local public health – elsewhere we have recommended that the local Needs Assessment Exercise and resulting Health and Wellbeing Strategies should be underpinned by a local information and communications plan. Those library and information professionals working either wholly or partly within public health will play an important part in evidencing the needs assessment and proposed interventions in the Health and Wellbeing strategy; the wider local library and information network will be important in communicating and making relevant information available to those who need it. One role of the Health and Wellbeing Boards will be to put the necessary information partnerships together to deliver on this.

We set out one concern relating to the fragmentation of information provision within healthcare and public health in our response to Question 17.

**Question 7 (Para 4.7): How can local people be encouraged to develop their skills for public health in the new system?**

The wider library and information workforce outside healthcare can and should play an important role in providing access to information on healthcare and healthy lifestyles and also providing patients, carers and the general public with the information skills necessary to help them find and evaluate information.

Section 3 of the Public Health White Paper looks at health at every stage of the life-journey – “starting well”, “developing well”, “living well”, “working well” and “ageing well”. There is a library and information service covering each and every one of these from schools to further and higher education, workplace libraries, the information services provided by voluntary and charitable bodies, and prison libraries. An important role for the Health and Wellbeing Boards will be to broker the partnerships necessary locally. Working with the LETBs they will need to ensure that the wider library and information workforce have the skills and knowledge to be able to use and explain health information sources and services confidently. In many localities NHS knowledge and information services have partnered with local public library services to provide this type of support.

Much work has been done within public libraries to address the Health and Wellbeing agenda. It is based on a memorandum of understanding signed by the Society of Chief Librarians and the Department of Health<sup>4</sup> focusing on promoting NHS Choices in public libraries especially. One more recent development has been the National Library Books on Prescription Project sponsored by the Reading Agency, Arts Council England, and Society of Chief Librarians that will be aimed at people with mild to moderate mental health problems. This includes not only prescribed (approved) self-help reading but also links into appropriate creative literature and the formation of reading groups. Innovative projects such as the above will need the support of Public Health England, local Health and Wellbeing Boards and Local Education & Training Boards. Although public librarians don't formally work within public health they do need to be linked into public health and healthcare organisations and receive training and support from such information specialists to enable them to serve the public better and help them “develop their skills for public health”.

Similar can be said for other library and information staff outside public health and healthcare.

**Question 10 (Para 5.14): What benefits would multi-disciplinary training bring to the public health workforces?**

There are a number of strands to this.

First Information skills should be treated as transferable skills - similar to finance, management and human resources. These core skills need to feature in the education and training of all public health staff and, in many instances, it will be knowledge and information specialists within Higher Education Libraries or NHS libraries that will undertake this. These information skills will be necessary at all

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<sup>4</sup> The Memorandum of Understanding between the Society of Chief Librarians and the Department of Health regarding NHS Choices can be accessed at:  
<http://www.goscl.com/scl-and-the-nhs-sign-mou-on-health/>

levels of professional work and include knowing when and how to enlist the support of an information specialist to obtain optimum results.

Second, knowledge and information services in the NHS, Higher Education and public health support the Continuing Professional Development of individuals from different disciplines, by ensuring that they have access to and are aware of the latest developments in their fields. They foster the creation of a “learning community” and adopt a cross-disciplinary approach in their coverage and presentation.

Thirdly the role of knowledge and information professionals within public health needs to be acknowledged and they should be included in development programmes and CPD opportunities. The opportunity to learn with people from other disciplines enables a better understanding of the service as a whole and where the expertise resides (important as a function of knowledge management).

Finally it is important for the heartlands of public health to reach out to the wider workforces so that they have a better understanding of public health issues and a knowledge of the support available. Most library and information specialists would have an interest in the broad health profile of their user communities and the possibility of joint training sessions across the sectors should be explored.

**Question 16 (Para 5.50): Are these the right actions to develop and strengthen the public health information and intelligence function? Who should be responsible for delivering these actions?**

The public health workforce consultation describes the public health information and intelligence function in terms of data about populations that are used to identify health trends and possible areas for intervention (section 5.49). As described, the consultation document suggests that there are about a thousand people employed in public health information and intelligence roles in England.

We suggest that this description underestimates the public health intelligence and research function, as it excludes the specialist public health knowledge and information professionals who provide access to and assess sources drawing on the wider published evidence.

If we are to improve health across populations, as opposed to collating data that describe the health of the population, we need to have evidence from interventions that have been undertaken in other parts of the world. It is the role of the specialist public health knowledge and information professionals to ensure that public health practitioners and consultants have access to this evidence base and to review the evidence systematically.

The consultation document describes the lack of a career path for individuals who participate in the data management aspects of the public health information and intelligence function. We suggest that whilst there is a clearer academic and professional framework for specialist public health knowledge and information professionals, their role is not widely recognised. As part of the review by Public Health England of the information and intelligence function for public health, we propose that specialist public health knowledge and information professionals should be included in the definitions and accredited training, to ensure ongoing access to the current evidence base and ongoing knowledge management.

**Question 17 (Para 6.3): Do you have any evidence or information that would help analyse the impact of these proposals?**

CILIP is aware of some useful work being undertaken by the Public Health England Transition Team working on an Active Knowledge Management Strategy. We understand that this will include a local audit of the information services that will be available to local public health staff. The fear, based on anecdotal evidence, is that a similar standard of information provision will not be available in many parts of the new structure. There are a number of reasons for this but one is simple fragmentation – many NHS Knowledge and Library Services are integrated and so cover healthcare clinical needs, the education and training of medical staff and public health. As funding sources are rechanneled in the new structure so the risk escalates that current provision is fragmented and becomes unviable.

It is our hope that Public Health England will take note of the outcomes of the local information audit and also take such corrective actions as it can where needed. Clearly there will be a national role for its own knowledge and information service and we trust that generous support will be available to local providers. We also hope that the expectations of an evidence-based service will be set out and advice provided on how to realise this ambition. We understand that one possibility might be a model specification for knowledge and information provision at the local level to provide guidance for local Health & Wellbeing Boards and we would support such an initiative.

It is vital that the current reorganisation within public health and healthcare more generally does not result in a widespread loss of necessary knowledge and information skills to support evidence-based public health practice.

## **Conclusion**

We trust these comments will prove useful when looking at the future shape of the public health workforce. We are happy to be involved further if wished. In the first instance please address any queries to:

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